

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER

01-04

2. STATE:

ILLINOIS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐
AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT

a. FFY 01 \$ 0
b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Appendix to Attachment 3.1-A, Pages 5 and 18 and
Appendix to Attachment 3.1-B, Pages 5 and 18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Appendix to Attachment 3.1-A, Pages 5 and 18 and
Appendix to Attachment 3.1-B, Pages 5 and 18

10. SUBJECT OF AMENDMENT: Private Duty Nursing and Personal Care Services

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL:

Ann Patla

13. TYPED NAME:

Ann Patla, Dr. HL.

14. TITLE:

DIRECTOR

15. DATE SUBMITTED

1-3-01

16. RETURN TO:

**ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62763-0001
ATTENTION: John Rupcich**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/3/01

18. DATE APPROVED:

2-2-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

acting

RECEIVED

State Illinois

7. HOME HEALTH SERVICES

a. b. and c.

Services are provided on a short-term, intermittent basis to facilitate clients transitioning from a more acute level of care. Services must be provided only on direct order of a physician, and require prior approval unless the client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

d.

Services available only when provided by a Home Health Agency, or by a registered nurse when no home health agency exists in the area. Services require ~~are~~ direct order of a physician, and ~~with~~ prior approval unless the client is eligible for these benefits under Medicare.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

~~8. PRIVATE DUTY NURSING SERVICES~~

~~01/01 Provided only when recommended by the physician. Requires prior approval. Services cannot be covered if provided by a relative.~~

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TN# 01-04 APPROVAL DATE _____ EFFECTIVE DATE January 1, 2001

SUPERSEDES

TN# 00-10

State Illinois

24. RESPIRATORY CARE SERVICES

01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

24a. TRANSPORTATION

- Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.
- Mediacar, service car, taxi, private auto: Requires prior approval except for clients who reside in long term care facilities.
- Other (bus, train, airplane, etc.): Requires prior approval.
- Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

24b. SERVICES OF CHRISTIAN SCIENCE NURSE

10/91 Christian Science nurse services are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.

24c. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

~~24d. PERSONAL CARE SERVICES IN RECIPIENT'S HOME WITH A PLAN OF TREATMENT AND FURNISHED BY A QUALIFIED PERSON UNDER SUPERVISION OF A REGISTERED NURSE~~

~~10/91 Personal care services are limited to eligible children age birth through 20 who require services as a medical necessity to correct or lessen health problems detected or suspected by a health screening.~~

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APPROVAL DATE _____

EFFECTIVE DATE January 1, 2001

SUPERSEDES

TN# 96-10

Appendix to
Attachment 3.1-B
Page 5

State Illinois

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a.b. and c.

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4/98 9. CLINIC SERVICES

Community Mental Health Services

Mental Health Services are to be provided to eligible clients who require such services:

- to effectively manage current symptoms of mental illness through treatment or rehabilitation programs;

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State Illinois

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TN# 01-04
SUPERSEDES
TN# 91-25

APPROVAL DATE _____

EFFECTIVE DATE January 1, 2001